Department of the Treasury

Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter Social Security numbers on this form as it may be made public By law, the IRS generally cannot redact the information on the form

► Information about Form 990 and its instructions is at <u>www.IRS.gov/form990</u>

DLN: 93493318034334 OMB No 1545-0047

2013

Open to Public Inspection

A F	or the 2	013 cal <mark>endar year, or tax year beginning 01-01-2013, 2013, and ending 12-31</mark>	-2013			
B Ch	eck ıf apı	olicable C Name of organization AMERICAN FRIENDS OF THE ISRAEL MUSEUM		D Employ	yer ide	ntification number
┌ Ad	dress cha	nge		23-71	8258	2
Г №	me chan	Doing Business As				
┌ Ini	tıal returr	Number and street (or P O box if mail is not delivered to street address) Room/suil	:e	E Telepho	ne num	shor
Гте	rmınated	500 FIFTH AVENUE Suite 2540				
┌ An	nended re	turn City or town, state or province, country, and ZIP or foreign postal code		(212)	997-5	0611
┌ Ap	plication	NEW YORK, NY 10110 pending		G Gross re	ceints 9	\$ 52,196,150
		F Name and address of principal officer	H(a) Ic th	nis a group		
		The same and address of principal consecutions.		ordinates?	recurri	⊤Yes ∀ No
				all subordır ıded?	nates	Γ Y es Γ No
I Ta	ıx-exemp	t status			a lıst	(see instructions)
J W	ebsite:	► N/A	H(c) Gro	up exemptı	on nui	mber ►
K For	m of orga	nization	L Year of fo	ormation 197	72 M	State of legal domicile NY
	rt I	Summary			•	<u>-</u>
	1 B	riefly describe the organization's mission or most significant activities				
	F	DSTER AND ENCOURAGE LIBERAL ARTS OBTAIN ART AND ARCHAEOLO				
بو	<u>G</u>	RANTS AND CONTRIBUTIONS AND MAKE GRANTS AND CONTRIBUTION:	S TO THE IS	SRAEL MU:	SEUM	
Ě	_					
Ĕ	_					
Activities & Governance	2 C	heck this box 🔰 if the organization discontinued its operations or disposed o	f more than	25% of its	net as	sets
ය පැ	l					1
٠ س		umber of voting members of the governing body (Part VI, line 1a)			3	94
Ě		umber of independent voting members of the governing body (Part VI, line 1b)			5	94
<u>₹</u>		otal number of individuals employed in calendar year 2013 (Part V, line 2a) .			6	10
4		otal number of volunteers (estimate if necessary)		• •	7a	0
		et unrelated business taxable income from Form 990-T, line 34			7a 7b	0
	"	et ameratea pasmess taxaste meome nomi form 330 17, me 31 1 1 1 1		or Year	T	Current Year
	8	Contributions and grants (Part VIII, line 1h)	<u> </u>	29,874,6	21	29,084,777
₽	9	Program service revenue (Part VIII, line 2g)			0	0
Rayenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		2,452,1	75	2,308,862
걆	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,810,7		1,573,266
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line				
	ļ	12)		34,137,5	-	32,966,905
	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)		16,207,2		76,490,777
	14	Benefits paid to or for members (Part IX, column (A), line 4)			0	0
8	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines $5-10$)	1,107,8	23	1,138,600	
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	2,715,0	12	1,000,152	
ਡੋ	Ь	Total fundraising expenses (Part IX, column (D), line 25) ▶2,208,930				
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		852,6	-	861,147
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)		20,882,7	-	79,490,676
	19	Revenue less expenses Subtract line 18 from line 12		13,254,8	_	-46,523,771
Not Assets or Fund Balances				ng of Currer Year	nt	End of Year
28 th	20	Total assets (Part X, line 16)		220,913,3	57	186,752,096
4 B	21	Total liabilities (Part X, line 26)		93,6		90,755
ž	22	Net assets or fund balances Subtract line 21 from line 20		220,819,7	20	186,661,341

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including my knowledge and belief, it is true, correct, and complete $\;\;$ Declaration of prepare preparer has any knowledge

Sign
Here

Signature of officer

MONIQUE BIRNBAUM EXECUTIVE DIRECTOR

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name DAVID M BRICKMAN Preparer's signature Firm's name F DAVID M BRICKMAN CPA Firm's address ► 270 MADISON AVE SUITE 1500 NEW YORK, NY 100160601

May the IRS discuss this return with the preparer shown above? (see instruction

Par	t III	Statement of Program S Check if Schedule O contains			III	
1	Briefl	y describe the organization's m	ssion			
LIBE	RALA	RTS BY OBTAINING WORKS O	FART AND ARCHA	EOLOGY FOR THE IS	STER AND ENCOURAGE THE DE SRAEL MUSEUM AND BY OBTAI S AND LOANS TO THE ISRAEL	NING GRANTS,
2		e organization undertake any si ior Form 990 or 990-EZ? .			r which were not listed on	┌ Yes ┌ No
	If"Ye	s," describe these new services	on Schedule O			
3		e organization cease conductin			onducts, any program	┌ Yes ┌ No
	If "Y e	s," describe these changes on S	Schedule O			
4	exper		l (c)(4) organizations	s are required to repor	ree largest program services, as t the amount of grants and alloca	
4a	(Code	e) (Expenses \$ URAL EXCHANGE - SUPPORT FOR APPR		including grants of \$ HE ART COLLECTION OF TH	76,490,777) (Revenue \$ E ISRAEL MUSEUM)
4b	(Code	e) (Expenses \$		including grants of \$) (Revenue \$)
4c	(Code	e) (Expenses \$		including grants of \$) (Revenue \$)
	Othe	er program services (Describe ii	Schedule ()			
		enses \$	including grants o	f \$) (Revenue \$)
4e	Tota	l program service expenses 🕨	76,490,777			

	rt IV	Checklist	of Reg	uired	Schedule
--	-------	-----------	--------	-------	----------

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part 1	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	Yes	
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV^{\square}	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Yes	
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part χ^{\bullet}	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Νo
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Yes	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	Yes	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Νο
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1^7 If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		1	1
		28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M \blacksquare	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	Yes	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 </i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38	Yes	

-61	Statements Regarding Other IRS Filings and Tax Compliance			_
	Check if Schedule O contains a response or note to any line in this Part V	-	Yes	.l No
la	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 5		163	140
	Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
C	gaming (gambling) with nackup with backup with blackup wi	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered			
	by this return	ı		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	Yes	
b	If "Yes," enter the name of the foreign country 🕒			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
		5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
,	Organizations that may receive deductible contributions under section 170(c).	OD		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes	
h	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to	75	103	
_	file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
F	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
				INC
y	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	7h		
3	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			
•		8		
	Sponsoring organizations maintaining donor advised funds.	0-		
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
D	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources			
-	against amounts due or received from them)			
!a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
	year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νo
h	If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	14h		l

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

30	ction A. Governing Body and Hanagement			
			Yes	No
1 a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing			
	body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are			
	ındependent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Νo
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	H		
7 a	more members of the governing body?	7a		Νo
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	eveni	ie Cod	e.)
	· · · · · · · · · · · · · · · · · · ·		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No.
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		No
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
ь	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13		No
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b		
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
>€		16b		
	ction C. Disclosure List the States with which a copy of this Form 990 is required to be filed CA , NY	16b		
	ection C. Disclosure	16b		

- 18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply
 - Own website Another's website V Upon request Other (explain in Schedule O)
- 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ►ARLENE BODNER CONTROLLER 500 FIFTH AVENUE

 NEW YORK, NY 10110 (212)997-5611

Form 990	(2013)	
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D	-	_	_	7
г	а	У	c	,

Part VIII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- ♦ List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- ◆ List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per	Posi		(C)				ו (ט) ו	(E)	(F)
	Name and Title A verage hours per week (list any hours					heck unless officer stee)		(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations	Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustiee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-MISC)	(W- 2/1099- MISC)	organization and related organizations

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

	(A) Name and Title	more t	han on is	one both	box, ∣an d	officer	3	([Repor comper from organiza	table nsation the	(E) Reportable compensation from related organizations (W-		(F) Estima amount o compens from t	ited f other sation	
		any hours for related organizations below dotted line) and a director/trustee) A companization (W-2/1099-MISC) Formal Institutional Trustee Or director (Trustee) Formal Formar Formar								0	organizati relate organiza	ed		
1b	Sub-Total				•			•						
c d	Total from continuation sheet Total (add lines 1b and 1c) .							•		651,495		0		128,789
2	Total number of individuals (in \$100,000 of reportable compe						d abov	e) w	ho receive	d more th	an	·		
			e organ	12011	711 F								1	
3	Did the organization list any f o					, key	emplo	yee,	, or highes	t compen	sated employee		Yes	No
4	on line 1a? <i>If "Yes," complete S</i> For any individual listed on line					• mno			d other co	mnoncati	on from the	3		No
7	organization and related organ											_		
5	Did any person listed on line 1									 Janization	or individual for	4	Yes	
	services rendered to the organ	nization? <i>If "Yes</i>	," compl	ete S	chea	lule J	for su	ch pe	erson .			5		No
Se	ection B. Independent Co	ntractors												
1	Complete this table for your five compensation from the organization												tax year	
	N	(A) lame and business	address							Des	(B) cription of services		(C Comper	
JAMES	S SNYDER, 40 BISHOP PARK ROAD PO	OUNDRIDGE NY 105	76							PROFESS I	UNDRAISER		1	,000,152
	Takal musakan aftu dan adalah	when about 7	d 1- · ·		l., · •	، د .		. 1 1	المراج المراج			\dashv		
	Total number of independent co \$100,000 of compensation fron			not	ıımıt	ea t	those	e IIst	ea above)	wno rece	ived more than			

		Check if Schedi	ule O contains a respor	nse or note to any lir	ne in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
s	1a	Federated cam	paigns 1a					
Tage	ь	Membership du	es 1b	556,469				
] DOI	С	Fundraising eve		1,727,433				
P, Y	`							
ᄩ	d	Related organiz	rations 1d					
iii is	e	Government grants	s (contributions) 1e					
ıtion er S	f	All other contribution	ons, gifts, grants, and 1f ot included above	26,800,875				
Contributions, Giffs, Grants and Other Similar Amounts	g	Noncash contribution	ons included in lines	14,103,764				
동필	h	Total. Add lines	s 1 a - 1 f	🕍	29,084,777			
				Business Code				
E	2a			Business code				
e.e.	ь							
<u>2</u> 2								
ΑÇ	С							
Ţ	d							
Program Serwde Revenue	e							
ದಿದ	f	All other progra	im service revenue					
Ě	g	Total. Add lines	s 2a-2f	🕨	0			
	3		ome (including dividen		1 705 155			1 705 155
			aramounts)		1,706,165			1,706,165
	4		tment of tax-exempt bond	proceeds •	0			
	5	Royalties			0			
		C	(ı) Real	(II) Personal				
		Gross rents Less rental						
	В	expenses						
	С	Rental income or (loss)	0	0				
	d		me or (loss)		0			
			(ı) Securities	(II) Other				
	7a	Gross amount from sales of	19,026,790	0				
		assets other	13,020,730	J				
	ь	than inventory Less cost or						
		other basis and sales expenses	18,424,093	0				
	С	Gain or (loss)	602,697	0				
	d	Net gain or (los	s)		602,697			602,697
e e	8a	Gross income f events (not inc						
Other Revenue		\$1,727	,433 s reported on line 1c)					
Ļ		•	а	2,378,418				
the	ь	Less direct ex	penses b					
ō	С	Net income or ((loss) from fundraising	events 🛌	1,573,266			1,573,266
	9a	Gross income f See Part IV, lin	rom gaming activities le 19 a					
	ь	Less direct ex	penses b					
			(loss) from gaming activ	vities	0			
	10a	Gross sales of returns and allo						
	ь	less costofa	oods sold b					
			loss) from sales of inve	entory	n			
	_	Miscellaneous		Business Code	, , ,			
	11a	scenaneou:		242633 6046				
	ь							
		_						
	ا C	All other re-						
	a	All other revenu		L .				
	е	Total. Add lines		•	0			
	12	Total revenue.	See Instructions	🕨	32,966,905			3,882,128

26

Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined

educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720)

Form	990 (2013)				Page 10
	IX Statement of Functional Expenses				
Section	on 501(c)(3) and 501(c)(4) organizations must complete all columns All				
	Check if Schedule O contains a response or note to any line in this	Part IX	 (B)		
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	0			
2	Grants and other assistance to individuals in the United States See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	76,490,777	76,490,777		
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	322,331		80,583	241,748
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	0			
7	Other salaries and wages	618,880		154,720	464,160
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	49,256		12,314	36,942
9	Other employee benefits	92,082		23,021	69,061
10	Payroll taxes	56,051		14,013	42,038
11	Fees for services (non-employees)				
а	Management	0			
b	Legal	0			
С	Accounting	23,769		5,942	17,827
d	Lobbying	0			
e	Professional fundraising services See Part IV, line 17	1,000,152			1,000,152
f	Investment management fees	419,872		419,872	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	1,535		384	1,151
12	Advertising and promotion	0			,
13	Office expenses	4,063		1,016	3,047
14	Information technology	0		·	
15	Royalties	0			_
16	Occupancy	153,113		38,278	114,835
17	Travel	92,730		872	91,858
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	0			
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	6,653		1,663	4,990
23	Insurance	10,924		2,694	8,230
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	SUBSCRIPTIONS	4,542		936	3,606
b	BANK AND CREDIT CARD CHARGES	33,901		8,475	25,426
c	MISCELLANEOUS	5,079		1,270	3,809
d	CALIFORNIA OFFICE EXPENSES	49,329		12,332	36,997
е	All other expenses	55,637		12,584	43,053
25	Total functional expenses. Add lines 1 through 24e	79,490,676	76,490,777	790,969	2,208,930

art X	В	a	ı	a	n	C	e	S	\$h	ıe	е	t		
	_					-	_						_	

Pai	rt X	Balance Sheet Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing	500	1	500
	2	Savings and temporary cash investments	17,568,513	2	9,970,875
	3	Pledges and grants receivable, net	2,925,000	3	2,925,000
	4	Accounts receivable, net	0	4	0
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L	0	5	0
ë			0	6	0
Assets	7	Notes and loans receivable, net	0	7	0
⋖	8	Inventories for sale or use	0	8	0
	9	Prepaid expenses and deferred charges	0	9	0
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 267,934			
	ь	Less accumulated depreciation 10b 234,922	15,715	10c	33,012
	11	Investments—publicly traded securities	58,038,366	11	70,342,043
	12	Investments—other securities See Part IV, line 11	20,986,661	12	31,090,846
	13	Investments—program-related See Part IV, line 11	0	13	0
	14	Intangible assets	0	14	0
	15	Other assets See Part IV, line 11	121,378,602	15	72,389,820
	16	Total assets. Add lines 1 through 15 (must equal line 34)	220,913,357	16	186,752,096
	17	Accounts payable and accrued expenses	80,137	17	77,255
	18	Grants payable	0	18	0
	19	Deferred revenue	0	19	0
	20	Tax-exempt bond liabilities	0	20	0
	21	Escrow or custodial account liability Complete Part IV of Schedule D	0	21	0
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
qе		persons Complete Part II of Schedule L	0	22	0
	23	Secured mortgages and notes payable to unrelated third parties	0	23	0
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule	13 500	25	13 500
	26	D	13,500 93,637	25	13,500 90,755
	26	Total liabilities. Add lines 17 through 25	93,037	26	90,733
ű	27	lines 27 through 29, and lines 33 and 34. Unrestricted net assets	136,982,104	27	88,510,456
<u>ರ</u> ಪ			9,472,457		20,119,877
or Fund Balance	28	Temporarily restricted net assets	74,365,159	28 29	78,031,008
ĭ	29	Permanently restricted net assets	74,365,159	29	70,031,000
Ţ		Organizations that do not follow SFAS 117 (ASC 958), check here ► and complete lines 30 through 34.			
<u> </u>	30	Capital stock or trust principal, or current funds		30	
ets	31	Paid-in or capital surplus, or land, building or equipment fund		31	
Assets	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	220,819,720	33	186,661,341
Net	34	Total liabilities and net assets/fund balances	220,913,357	34	186,752,096
	1	rotal habilities and het assets/fulla palatices	220,913,337	34	100,702,090

Par	Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI				୮
1	Total revenue (must equal Part VIII, column (A), line 12)	1		32,9	966,905
2	Total expenses (must equal Part IX, column (A), line 25)	2			490,676
3	Revenue less expenses Subtract line 2 from line 1				
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	3		-46,	523,771
7	Net assets of fulld balances at beginning of year (must equal Fact X, file 33, column (A))	4		220,8	819,720
5	Net unrealized gains (losses) on investments	5		12,	365,392
6	Donated services and use of facilities				<u> </u>
7	Investment expenses	6			
•		7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10		186,6	661,341
Par	t XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII	• •	• •		. !
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review a separate basis, consolidated basis, or both	wed o	n		
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both	arate			
	Separate basis Consolidated basis Both consolidated and separate basis				
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversig audit, review, or compilation of its financial statements and selection of an independent accountant?	ht of tl	ne 2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain is Schedule O	n			
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in th Single Audit Act and OMB Circular A-133?	e	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits and to audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

Software ID: Software Version:

EIN: 23-7182582

Name: AMERICAN FRIENDS OF THE ISRAEL MUSEUM

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

Compensated Employees, and Inde	pendent Co	ntracto	rs			-	-	Employees, Higi	1	
(A) Name and Tıtle	(B) A verage hours per week (list any hours for related	Posit more th perso and a	ion (e nan o n is b	ne b oth ctor,	ox, ι an o /trus	inless fficer tee)		(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-14130)	2/1099-1413C)	related organizations
STEVEN AMES	5	<u> </u>				_				
DIRECTOR		Х								
PAUL AMIR DIRECTOR	0 0	х								
EUGENE APPLEBAUM DIRECTOR	0 0	х								
JUDY BARON DIRECTOR	2 0	х								
SANFORD BATKIN	1 0	Х								
DIRECTOR RENEE BELFER	2 0	х								
DIRECTOR ROBERT BENINGSON	0 0	х								
MELVA BUCKSBAUM	0 0	Х								
STEVEN CHERNYS	2 0	Х								
MAUREEN COGAN	30 0	Х								
A STEVEN CROWN	0 0	X								
DIRECTOR IRWIN DEUTCH	0 0	X								
WILLIAM S EHRLICH	2 0	X		X						
DIRECTOR ADAM O EMMERICH	0 0	×								
DIRECTOR ANNE FISHER	0 0	×								
DIRECTOR JEROME FISHER	0 0	X								
DIRECTOR SHIRLEY FITERMAN	0 0	×								
DIRECTOR ROSLYN GOLDSTEIN	0 0	×								
DIRECTOR ALEXIS GREGORY	0 0	×								
DIRECTOR NOHRA HAIME	0 0									
DIRECTOR SYLVIA HASSENFELD	1 5	×								
DIRECTOR MARLENE HERRING	0 0	×								
DIRECTOR RONNIE HEYMAN	1 0	X								
DIRECTOR MICHAEL JESSELSON	5	X								
DIRECTOR HELEN KIMMEL	0 0	Х								
DIRECTOR		Х								

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors (A) (B) (D) (E) (F) (C) Name and Title Average Position (do not check Reportable Reportable Estimated amount hours per more than one box, unless compensation compensation of other week (list person is both an officer from the from related compensation organization (Worganizations (Wfrom the any hours and a director/trustee) for related 2/1099-MISC) 2/1099-MISC) organization and Former Q# 10€ Highest compensated employee Individual trustee or director organizations related Institutional below organizations emplo) ee dotted line) l Trustaa ALICE LAINER 2 0 Χ DIRECTOR NAHUM LAINER 1 0 Χ Χ DIRECTOR BARBARA LANE 2 0 Χ DIRECTOR RICHARD LANE 4 0 Χ Χ DIRECTOR STEPHEN S LASH 4 0 Х Χ DIRECTOR JO CAROLE LAUDER 0 0 Χ DIRECTOR SHAWN LEIBOWITZ 3 0 Х Х DIRECTOR JOAN LESSING 1 0 Χ DIRECTOR LINDA LINDENBAUM 2 0 Χ DIRECTOR NINAH LYNNE 3 0 Х Χ DIRECTOR PHYLLIS MACK 1 0 Χ Х DIRECTOR LINDA MACKLOWE 2 0 Χ DIRECTOR BARBARA MANDEL 0 0 Χ DIRECTOR SUSAN MARK 2 0 Х DIRECTOR LAUREN MERKIN 0 0 Χ DIRECTOR CHERYL MINIKES 3.0 Χ **DIRECTOR** HANNO MOTT 2 5 Х Χ DIRECTOR HELEN NASH 0 0 Χ Χ DIRECTOR JOSHUA NASH 2 0 Χ DIRECTOR DAVID NORMAN 0 0 Χ DIRECTOR SYLVIA OLNICK 0 0 Х DIRECTOR MARTIN PERETZ 0 0 Х DIRECTOR LOUIS PERLMAN 0 0 Χ DIRECTOR GERI POLLACK 1 0 Χ DIRECTOR INGE RENNERT 0 0 Χ DIRECTOR

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors (A) (B) (D) (E) (F) (C) Name and Title Average Position (do not check Reportable Reportable Estimated amount hours per more than one box, unless compensation compensation of other week (list person is both an officer from the from related compensation organization (Worganizations (Wany hours and a director/trustee) from the for related 2/1099-MISC) 2/1099-MISC) organization and Former Q# 10€ Highest compensated employee Individual trustee or director organizations related Institutional below organizations emplo) ee dotted line) l Trustaa JUDY RESNICK 1 0 Χ DIRECTOR JONATHAN P ROSEN 0 0 Χ Χ DIRECTOR BARBARA ROTHSCHILD 2 0 DIRECTOR MITCHELL E RUDIN 0 0 Χ DIRECTOR JOAN SAFIR 2 0 Χ DIRECTOR PAMELA SANDERS 0 0 Χ **DIRECTOR** BLANCHE SHAPIRO 0 0 Х DIRECTOR LILA SILVERMAN 5 Χ DIRECTOR GARY SOKOL 2 0 Χ DIRECTOR JUDY STEINHARDT 3 0 Х Χ DIRECTOR BONNIE STERN 0 0 Χ DIRECTOR LIZ M SWIG 2 0 Χ DIRECTOR MERRYL TISCH 0 0 Χ DIRECTOR ELAINE WEITZEN 0 0 Х DIRECTOR JANE WEPRIN-MENZI 0 0 Χ DIRECTOR MARTIN WRIGHT 5 Χ **DIRECTOR** WILLIAM D ZABEL 10 Χ DIRECTOR LOIS ZELMAN 2 0 Χ DIRECTOR LYNN SCHUSTERMAN 0 0 Χ DIRECTOR JEANIE UNGERLEIDER 5 Χ DIRECTOR PAMELA PANTZER 10 Х DIRECTOR MEREDITH VERONA 1 0 Х DIRECTOR JAY BERNSTEIN 0 0 Χ DIRECTOR LISA KAUFMAN 1 0 Χ DIRECTOR LIZBETH KRUPP 5 Χ DIRECTOR

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors (A) (B) (C) (D) (E) (F) Name and Title Average Position (do not check Reportable Reportable Estimated amount more than one box, unless compensation hours per compensation of other person is both an officer week (list from related compensation from the any hours and a director/trustee) organization (Worganizations (Wfrom the for related 2/1099-MISC) 2/1099-MISC) organization and Office Office Highest compensated employee Former Individual trustee or director organizations Institutional Trustee related below emplo) ee organizations dotted line) MIMI PERLMAN 1 0 Х **DIRECTOR** ROBBI TOLL 1 0 Χ DIRECTOR STACEY BRONFMAN Χ CLAUDIA DAVIDOFF 5 Χ ALICE M TISCH 5 Х WENDY FISHER 0 0 Χ LISA APPLEBAUM 0 0 Χ JULIE BERNSTEIN 0 0 Χ BGERALD CANTOR 0 0 Χ ELEANOR CAYRE 5 Χ BARBARA DEANE 5 Χ BONNIE ENGLEBARDT LAUTENBERG Χ RIVA ARIELLA RITVO-SLIFKA 0 0 Χ BONNIE ROCHE 0 0 Χ DAVID RSTEINHARDT 2 0 Χ JOLINE LSTEMERMAN 0 0 Χ JEROME LSTERN 0 0 Χ HOPE WARSCHAW 5 Χ MONIQUE BIRENBAUM 52 0 Χ 255,613 0 66,718 EXECUTIVE DIRECTOR ARLENE BODNER 40 0 Χ 125,382 0 12,019 ACCOUNTANT JUDITH SIEGEL 40 0 0 28,086 156,281 DIRECTOR OF DEVELOPMENT GINETTE JEAN BAPTISTE 40 0 Χ 114,219 0 21,966 DATABASE DIRECTOR

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OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2013

Open to Public Inspection

<u></u>	vw.ns.gov/101111550	
Name of the organization	Employer ident if	ication number
AMERICAN FRIENDS OF THE ISRAEL MUSEUM		
	23-7182582	

						23-7182582						
Pai	rt I	Reason for Pu	ublic Charity Sta	tus (All organizatio	ns must complete this	part.) See instruct	tions.					
he c	rganı	zation is not a priva	te foundation becaus	seitis (Forlines 1 thr	ough 11, check only one	box)						
1	Γ	A church, convent	ion of churches, or a	ssociation of churches	described in section 170	(b)(1)(A)(i).						
2	Γ	A school describe	d in section 170(b)(:	l)(A)(ii). (Attach Sche	edule E)							
3	Γ	A hospital or a coo	operative hospital se	rvice organization des	cribed in section 170(b)(1)(A)(iii).						
4	Γ	A medical researchospital's name, c		ted in conjunction with	a hospital described in s	ection 170(b)(1)(A)(iii). Ente	erthe				
5	Г			t of a college or univer	sity owned or operated by	v a governmental unit	describ	ed in	_			
	•	=	(A)(iv). (Complete P	=	,	,						
6	Г			•	scribed in section 170(b)	(1)(A)(v).						
7	<u>.</u>	•	-	=	ts support from a governr		e genera	l public	:			
	, 	described in sect i	on 170(b)(1)(A)(vi)		•		gomera	Public				
8 9	<u>'</u>	•			omplete Part II) of its support from conti	ributions mambarshir	foot o	nd area				
9	'	-	•		* *	•	•	_	5			
					ect to certain exceptions							
					ness taxable income (les	·	JIII DUSIII	e55e5				
	_	acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety See section 509(a)(4).										
10	<u> </u>	-		•	· ·				,			
11	1	one or more public	ly supported organizes the type of supp	ations described in se porting organization an	enefit of, to perform the fuction 509(a)(1) or section complete lines 11e throughly integrated d	n 509(a)(2) See sect ough 11h	ion 509((a)(3).	Check			
e f	Γ	other than foundat section 509(a)(2)	non managers and ot	her than one or more p	ntrolled directly or indired ublicly supported organiz IRS that it is a Type I, Ty	ations described in s	ection 5	09(a)(:	1) or			
g		Since August 17, following persons?		ızatıon accepted any g	ıft or contribution from ar	y of the			, 			
					r together with persons d	escribed in (ii)		Yes	No			
		and (III) below, the	governing body of th	ne supported organizat	ion?		11g(i)					
		(ii) A family memb	per of a person descr	ıbed ın (ı) above?			11g(ii)					
		(iii) A 35% contro	olled entity of a perso	on described in (i) or (i) above?		11g(iii)		<u> </u>			
h		Provide the follow	ng information about	the supported organiz	ation(s)							
S	i) Nam suppor	ted	(iii) Type of organization (described on	(iv) Is the organization in col (i) listed in	(v) Did you notify the organization in col (i) of your	(vi) Is the organization in col (i) organized	(vii) Am mone	•			

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	organizati col (i) lis your gove	organization in		(v) Did you notify the organization in col (i) of your support?		the on in anized S ?	(vii) A mount of monetary support
		instructions))	Yes	No	Yes	No	Yes	No	
Total									

instructions

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2009 (d) 2012 **(b)** 2010 (c) 2011 (e) 2013 (f) Total in) 🕨 1 Gifts, grants, contributions, and membership fees received (Do 27,288,172 33,383,380 33,843,214 29,874,621 29,084,777 153,474,164 not include any "unusual grants ") Tax revenues levied for the organization's benefit and either O paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit 0 to the organization without charge 27,288,172 33,383,380 33,843,214 29,874,621 29,084,777 153,474,164 Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly 17,528,446 supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 135,945,718 from line 4 Section B. Total Support Calendar year (or fiscal year (a) 2009 **(b)** 2010 (c) 2011 (d) 2012 (e) 2013 (f) Total beginning in) 🟲 27,288,172 33,383,380 33,843,214 29,874,621 29,084,777 153,474,164 Amounts from line 4 Gross income from interest, dividends, payments received on 969,237 1,813,362 1,706,165 1,111,248 1,333,856 6,933,868 securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) 11 Total support (Add lines 7 160,408,032 through 10) Gross receipts from related activities, etc (see instructions) 12 12 8,303,230 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check 13 Section C. Computation of Public Support Percentage Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) 14 14 84 750 % Public support percentage for 2012 Schedule A, Part II, line 14 15 15 80 694 % 16a 33 1/3% support test—2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box ►V and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test—2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10%-facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Schedule A (Form 990 or 990-EZ) 2013 Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support

Cale	ndar year (or fiscal year beginning	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
_	in) ►		<u> </u>	, ,	<u> </u>	. ,	
1	Gifts, grants, contributions, and membership fees received (Do not						
	include any "unusual grants ")						
2	Gross receipts from admissions,						
_	merchandise sold or services						
	performed, or facilities furnished in						
	any activity that is related to the						
	organization's tax-exempt						
	purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or business under section 513						
4	Tax revenues levied for the						
7	organization's benefit and either						
	paid to or expended on its						
	behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
_	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified						
	persons						
b	Amounts included on lines 2 and 3						
_	received from other than						
	disqualified persons that exceed						
	the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support (Subtract line 7c						
	from line 6)				1		
	ndar year (or fiscal year beginning	I				I	
Care	in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	1017 E-						
9	A mounts from line 6						
9 10a	,						
	Amounts from line 6						
	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties						
	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar						
10a	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable						
10a	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes)						
10a	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after						
10a	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
10a b	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after						
10a b	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included						
10a b	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the						
10a b c 11	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
10a b	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include						
10a b c 11	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of						
10a b c 11	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part						
10a b c 11	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of						
10a b c 11	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12)						
10a b c 11	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for	or the organization	on's first, second	, third, fourth, or f	fifth tax year as a	1 501(c)(3) organ	
10a b c 11 12 13 14	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is f check this box and stop here		·	, thırd, fourth, or f	fifth tax year as a	1 501(c)(3) organ	nization, ▶
10a b c 11 12 13 14 Se	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for the check this box and stop here	ic Support Pe	ercentage		fifth tax year as a		
10a b c 11 12 13 14	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for the section C. Computation of Puble Public support percentage for 2013	ic Support Pe (line 8, column (ercentage f) divided by line		fifth tax year as a	15	
10a b c 11 12 13 14 Se	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for the check this box and stop here	ic Support Pe (line 8, column (ercentage f) divided by line		fifth tax year as a		
10a b c 11 12 13 14 See 15 16	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for the section C. Computation of Puble Public support percentage for 2013	ic Support Pe (line 8, column (2 Schedule A, Pa	ercentage f) divided by line art III, line 15	13, column (f))	fifth tax year as a	15	
10a b c 11 12 13 14 See 15 16	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is to check this box and stop here ection C. Computation of Pub Public support percentage from 201	ic Support Pe (line 8, column (2 Schedule A, Pa estment Inco	ercentage f) divided by line art III, line 15 me Percenta	13, column (f))		15	
10a b c 11 12 13 14 Se 15 16 Se 17	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for the section C. Computation of Public support percentage for 2013 Public support percentage from 201 ction D. Computation of Inventional section of Invention of Invention in the section of Inventional se	ic Support Pe (line 8, column (2 Schedule A, Pa estment Inco 2013 (line 10c, co	ercentage f) divided by line art III, line 15 me Percentage blumn (f) divided	13, column (f)) ge by line 13, colum		15 16	
10a b c 11 12 13 14 See 15 16 See 17 18	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for the sale of th	ic Support Per (line 8, column (2 Schedule A, Parestment Inco 2013 (line 10 c, con 2012 Schedule A	ercentage f) divided by line art III, line 15 me Percentag blumn (f) divided A, Part III, line 1	13, column (f)) ge by line 13, colum 7	n (f))	15 16 17 18	▶

33 1/3% support tests—2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV		formation. Provide the explanations required by Part II, line 10; Part II, lin ne 12. Also complete this part for any additional information. (See instruction	
		Facts And Circumstances Test	
Retu	ırn Reference	Explanation	
		Schodulo A / Form 000 o	000 E7) 201

Schedule A (Form 990 or 990-EZ) 2013

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DLN: 93493318034334

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b ▶ Attach to Form 990. ▶ See separate instructions. ▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public

temal F	Revenue Service	and its instruct	ions is at <u>www.irs.gov/form990</u> .			Inspect	tion
	e of the organi	ization THE ISRAEL MUSEUM		Emp	loyer identific	ation numbe	er
AMER	CICAN FRIENDS OF	THE ISKAEL MUSEUM		23-7	7182582		
Par		izations Maintaining Donor Adv				s. Complet	te if the
	organiz	zation answered "Yes" to Form 990	, Part IV, line 6. (a) Donor advised funds		(b) Funds and	othoracco	ınto
	Total number a	t end of year	(a) Donor advised funds		(U) Fullus allu	other accou	IIILS
		tributions to (during year)					
	55 5	nts from (during year)					
	Aggregate valu	ue at end of year					
		zation inform all donors and donor adviso organization's property, subject to the or		nor advı	sed	┌ Yes	┌ No
	used only for c	zation inform all grantees, donors, and do haritable purposes and not for the benef				┌ Yes	⊏ No
		ermissible private benefit? rvation Easements. Complete if	the organization answered "Ves"	to Forn	2 000 Dart I	,	1 140
	Preservation Protection Preservation Complete lines	conservation easements held by the orgon of land for public use (e g , recreation of natural habitat on of open space 5 2a through 2d if the organization held a	or education)	certifie	d historic stru	cture	
	easement on ti	he last day of the tax year			Hald at th	- F., d -£ 4b-	V
3	Total number o	of conservation easements		2a	Heid at th	e End of the	Year
		restricted by conservation easements		2b			
	_	servation easements on a certified histo	oric structure included in (a)	2c			
		servation easements included in (c) acq	` ,				
		ure listed in the National Register		2d			
	Number of con	servation easements modified, transferr	ed, released, extinguished, or terminat	ed by th	ie organizatior	during	
	the tax year 🛌						
	Number of stat	tes where property subject to conservati	on easement is located 🛌				
	_	nization have a written policy regarding t f the conservation easements it holds?	he periodic monitoring, inspection, han	ıdlıng of	violations, an	d ┌ Yes	┌ No
	Staff and volun	teer hours devoted to monitoring, inspe	cting, and enforcing conservation ease	ments d	luring the year		
	-	enses incurred in monitoring, inspecting	, and enforcing conservation easement	s during	g the year		
		nservation easement reported on line 2(o''0(h)(4)(B)(ii)?	d) above satisfy the requirements of se	ction 17	70(h)(4)(B)(ı)	┌ Yes	┌ No
	balance sheet, the organizatio	escribe how the organization reports cor , and include, if applicable, the text of the on's accounting for conservation easeme	e footnote to the organization's financia nts	ıl staten	nents that des	cribes	
art		izations Maintaining Collection ete if the organization answered "Y		or Otl	her Similar	Assets.	
-	works of art, hi	tion elected, as permitted under SFAS 1 storical treasures, or other similar asse le, in Part XIII, the text of the footnote t	ts held for public exhibition, education,	or rese	arch in further		
_	works of art, hi	tion elected, as permitted under SFAS 1 storical treasures, or other similar asse le the following amounts relating to thes	ts held for public exhibition, education,				ıc
	(i) Revenues i	ncluded in Form 990, Part VIII, line 1			► \$	13,5	10,363
	(ii) Assets incl	luded in Form 990, Part X				72,1	
	If the organizat	tion received or held works of art, historints required to be reported under SFAS					
1	Revenues inclu	uded in Form 990, Part VIII, line 1			► \$		
b		ad in Form 990 Bart V			· ——		

Par	TITE Organizations Maintaining Co	llections of Art,	Hist	orica	ıl Treasuı	es, or O	<u>ther</u>	Similar As	sets (d	continued)
3	Using the organization's acquisition, access collection items (check all that apply)	ion, and other record	s, che	eck an	y of the follo	wing that a	are a :	significant use	of its	
а	Public exhibition		d	▽ 1	oan or exch	ange progr	ams			
b	Scholarly research		e	Γ	ther					
С	Preservation for future generations									
4	Provide a description of the organization's content XIII	ollections and explain	n how	they 1	urther the o	rganızatıon	's exe	empt purpose ı	n	
5	During the year, did the organization solicit			•					_	_
	assets to be sold to raise funds rather than	•							Yes	✓ No
Pal	t IV Escrow and Custodial Arrang Part IV, line 9, or reported an ar					answere	u re	es to Form 9	190,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?					r other ass	ets n		Yes	┌ No
b	If "Yes," explain the arrangement in Part XI	II and complete the f	ollowi	ng tal	le					
								An	ount	
С	Beginning balance					L	1c			
d	Additions during the year					L	1d			
e	Distributions during the year					L	1e			
f	Ending balance						1f			
2a	Did the organization include an amount on F	orm 990, Part X, line	21?						Yes	┌ No
b	If "Yes," explain the arrangement in Part XI	I Check here if the	explai	nation	has been pr	ovided in F	art X	III		Γ
Pa	rt V Endowment Funds. Complete									
		(a)Current year	(b) Pr	rıor yea				nree years back	(e)Four	years back
1a	Beginning of year balance	83,837,616		71,55		63,721,072	<u> </u>	53,916,881		48,377,536
b	Contributions	4,616,586		8,21	3,225	11,544,890		6,477,029		6,209,745
С	Net investment earnings, gains, and losses	13,212,670		7,75	2,859	1,198,135		6,033,689		981,785
d	Grants or scholarships									
e	Other expenditures for facilities	3,515,987		3 68	5,798	4,910,767		2,706,527		1,652,185
_	and programs	3,313,967		3,00	5,790	4,910,707		2,700,327		
T	Administrative expenses	98,150,885		83,83	7 6 1 6	71,553,330		63,721,072		53,916,881
g	End of year balance				<u> </u>			03,721,072		
2	Provide the estimated percentage of the cur	rent year end balance	e (line	1g, c	olumn (a)) h	eld as				
а	Board designated or quasi-endowment									
b	Permanent endowment ► 79 501 %									
C	remporarily restricted endowinent	499 %								
	The percentages in lines 2a, 2b, and 2c sho	•								
3a	Are there endowment funds not in the posse organization by	ssion of the organiza	tion th	hat ar	e held and ac	dministere	fort	he	Yes	No
	(i) unrelated organizations							3a(No
	(ii) related organizations							3a(ii)	No
b	If "Yes" to 3a(II), are the related organization	·					-	3t)	
4	Describe in Part XIII the intended uses of the									
Par	t VI Land, Buildings, and Equipme 11a. See Form 990, Part X, line		ne or	ganız	ation answ	ered 'Yes	' to F	Form 990, Pa	rt IV, l	ine
	Description of property	10.			Cost or other (investment)	(b)Cost or basis (oth		(c) Accumulate depreciation	d (d)	Book value
12	Land			1						
	Buildings		_							
	Leasehold improvements		•							
	Equipment					26	7,934	234,9	922	33,012
	Other					20	.,,,,,,,	257,		33,012
	II. Add lines 1a through 1e (Column (d) must e		, colun	nn (B)	line 10(c).)					33,012
	- · · · · ·	· ,		. /	. , ,			Schedule D	(Form	

(a) Description of security or categor (including name of security)	y 	(b) Book	value	(c) Method of valuation Cost or end-of-year market value
(1)Financial derivatives				·
(2)Closely-held equity interests (3)Other				
(A) CERBERUS-INTERNATIONAL CLASS A			1,270,009	F
(B) CERBERUS - PARTNERS CIP 3			735,417	F
(C) CERBERUS - PARTNERS CIP 4		2,376,039	F	
(D) ARIEL FUND			1,056,912	F
(E) ARCHSTONE OFFSHORE FUND		9,736,227	F	
(F) VINIK OFFSHORE FUND LTD			496	F
(G) JOHNSTON INTERNA'L EQUITY FUND			8,092,149	F
(H) STELLIAM OFFSHORE FUND			5,323,597	F
(I) LAKEWOOD CAPITAL OFFSHORE FUND			2,500,000	F
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	Þ		31,090,846	
Part VIII Investments—Program Related. See Form 990, Part X, line 13.	Complete if the	e organizatior	n answered 'Y	es' to Form 990, Part IV, line 11d
(a) Description of investment	(b) Boo	ok value		thod of valuation -of-year market value
Total (Column (h) must agual Form 900, Part V col (R) line 12.)	b			
Part IX Other Assets. Complete if the organiza		es' to Form 990	, Part IV, line 1	
Part IX Other Assets. Complete if the organiza (a) Des		es' to Form 990	, Part IV, line 1	(b) Book value
Part IX Other Assets. Complete if the organiza (a) Des (1) WORKS OF ART	tion answered 'Ye	es' to Form 990	, Part IV, line 1	
Part IX Other Assets. Complete if the organiza (a) Des (1) WORKS OF ART (2) ACCRUED RECEIVABLES (3) PREPAID EXPENSES	tion answered 'Ye	es' to Form 990	, Part IV, line 1	(b) Book value 72,112,262 227,585 29,115
Part IX Other Assets. Complete if the organiza (a) Des (1) WORKS OF ART (2) ACCRUED RECEIVABLES (3) PREPAID EXPENSES	tion answered 'Ye	es' to Form 990	, Part IV, line 1	(b) Book value 72,112,262
Part IX Other Assets. Complete if the organiza (a) Des (1) WORKS OF ART (2) ACCRUED RECEIVABLES (3) PREPAID EXPENSES	tion answered 'Ye	es' to Form 990	, Part IV, line 1	(b) Book value 72,112,262 227,585 29,115
Part IX Other Assets. Complete if the organiza (a) Des (1) WORKS OF ART (2) ACCRUED RECEIVABLES (3) PREPAID EXPENSES	tion answered 'Ye	es' to Form 990	, Part IV, line 1	(b) Book value 72,112,262 227,585 29,115
Part IX Other Assets. Complete if the organiza (a) Des (1) WORKS OF ART (2) ACCRUED RECEIVABLES (3) PREPAID EXPENSES	tion answered 'Ye	es' to Form 990	, Part IV, line 1	(b) Book value 72,112,262 227,585 29,115
Part IX Other Assets. Complete if the organiza (a) Des (1) WORKS OF ART (2) ACCRUED RECEIVABLES (3) PREPAID EXPENSES	tion answered 'Ye	es' to Form 990	, Part IV, line 1	(b) Book value 72,112,262 227,585 29,115
(a) Description (a) Description (b) Description (c) ACCRUED RECEIVABLES (3) PREPAID EXPENSES (4) SECURITY DEPOSIT	tion answered 'Ye	es' to Form 990		(b) Book value 72,112,262 227,585 29,115 20,858
(a) Description (b) must equal Form 990, Part X, col.(B) line	tion answered 'Yescription			(b) Book value 72,112,262 227,585 29,115 20,858
(a) Description (b) must equal Form 990, Part X, col.(B) line Part X Other Assets. Complete if the organiza (a) Description (b) Description (c) Description	e 15.) rganization ans	· · · · · wered 'Yes' to		(b) Book value 72,112,262 227,585 29,115 20,858
(a) Description of liability Other Assets. Complete if the organiza (a) Description of liability	tion answered 'Yescription	· · · · · wered 'Yes' to		(b) Book value 72,112,262 227,585 29,115 20,858
(a) Description of liability Part IX Other Assets. Complete if the organiza (a) Description of liability Federal income taxes	e 15.) rganization ans	wered 'Yes' to		(b) Book value 72,112,262 227,589 29,119 20,858
(a) Description of liability Part IX Other Assets. Complete if the organiza (a) Description of liability Federal income taxes	e 15.) rganization ans	wered 'Yes' to		(b) Book value 72,112,262 227,589 29,119 20,858
(a) Description of liability Part IX Other Assets. Complete if the organiza (a) Description of liability Federal income taxes	e 15.) rganization ans	wered 'Yes' to		(b) Book value 72,112,262 227,589 29,119 20,858
(a) Description of liability Part IX Other Assets. Complete if the organiza (a) Description of liability Federal income taxes	e 15.) rganization ans	wered 'Yes' to		(b) Book value 72,112,262 227,589 29,119 20,858
(a) Description of liability Part IX Other Assets. Complete if the organiza (a) Description of liability Federal income taxes	e 15.) rganization ans	wered 'Yes' to		(b) Book value 72,112,262 227,585 29,115 20,858
Total. (Column (b) must equal Form 990, Part X, col.(B) line Part X Other Liabilities. Complete if the organiza (a) Description of liability Federal income taxes	e 15.) rganization ans	wered 'Yes' to		(b) Book value 72,112,262 227,585 29,115 20,858
(a) Description of liability Part IX Other Assets. Complete if the organiza (a) Description of liability Federal income taxes	e 15.) rganization ans	wered 'Yes' to		(b) Book value 72,112,262 227,589 29,119 20,858
Total. (Column (b) must equal Form 990, Part X, col.(B) line Part X Other Liabilities. Complete if the organiza (a) Description of liability Federal income taxes	e 15.) rganization ans	wered 'Yes' to		(b) Book value 72,112,262 227,585 29,115 20,858
Total. (Column (b) must equal Form 990, Part X, col.(B) line Part X Other Liabilities. Complete if the organiza (a) Description of liability Federal income taxes	e 15.) rganization ans	wered 'Yes' to		(b) Book value 72,112,262 227,585 29,115 20,858
(a) Description of liability (a) Description of liability (b) MORKS OF ART (c) ACCRUED RECEIVABLES (3) PREPAID EXPENSES (4) SECURITY DEPOSIT (a) Description of liability	e 15.) rganization ans	wered 'Yes' to		(b) Book value 72,112,262 227,585 29,115 20,858

Par		Revenue per Audited Financial Statements With I wered 'Yes' to Form 990, Part IV, line 12a.	Revenue p	er Re	eturn Complete If
1		er support per audited financial statements		1	44,912,425
2	Amounts included on line 1 bu	ıt not on Form 990, Part VIII, line 12	Γ		
а	Net unrealized gains on invest	tments	12,365,392		
b	Donated services and use of f	acılıtıes 2b			
C	Recoveries of prior year grant	s 2c			
d	Other (Describe in Part XIII)				
e	Add lines 2a through 2d .			2e	12,365,392
3	Subtract line ${f 2e}$ from line ${f 1}$.		[3	32,547,033
4	Amounts included on Form 99	0, Part VIII, line 12, but not on line 1			
а	Investment expenses not incl	uded on Form 990, Part VIII, line 7b . 4a	419,872		
b	Other (Describe in Part XIII)	4b			
c	Add lines 4a and 4b			4c	419,872
5	Total revenue Add lines 3 and	d 4c. (This must equal Form 990, Part I, line 12)		5	32,966,905
Par		xpenses per Audited Financial Statements With swered 'Yes' to Form 990, Part IV, line 12a.	Expenses	per	Return. Complete
1		r audited financial statements		1	79,070,804
2	Amounts included on line 1 bu	ıt not on Form 990, Part IX, line 25			
а	Donated services and use of f	acılıtıes			
b	Prior year adjustments	2b			
C	Otherlosses				
d	Other (Describe in Part XIII)				
e	Add lines 2a through 2d			2e	
3	Subtract line ${f 2e}$ from line ${f 1}$.		[3	79,070,804
4	Amounts included on Form 99	0, Part IX, line 25, but not on line 1:			
а	Investment expenses not incl	uded on Form 990, Part VIII, line 7b 4a	419,872		
b	Other (Describe in Part XIII)	4b			
c	Add lines 4a and 4b	· · · · · · · · · · · · · · · · · · ·	[4c	419,872
5		nd 4c. (This must equal Form 990, Part I, line 18)		5	79,490,676
Par	Supplemental In	formation			
Part		Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, line, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete			e any additional
	Return Reference	Explanation			
PART	III LINE 4	ENCYCLOPEDIC COLLECTION OF ART FOSTERS AND ENLIBERAL ARTS THROUGH LOANS AND CONTRIBUTIONS			
PART	V LINE 4	INVESTMENT INCOME EARNED INCLUDED IN GRANTS T			

	<u> </u>	
Part XIII	Supplemental Info	ormation (continued)
Ret	turn Reference	Explanation

Schedule D (Form 990) 2013

Additional Data

Software ID: Software Version:

ortware version.

EIN: 23-7182582

Name: AMERICAN FRIENDS OF THE ISRAEL MUSEUM

Form 990,	Schedule	D, Part	VII -	Investments	Other	Securities
•		•				

(a) Description of security or cateory (including name of security)	(b)Book value	(c) Method of valuation Cost or end-of-year market value
(3)Other		_
(A) CERBERUS-INTERNATIONAL CLASS A	1,270,009	F
(B) CERBERUS - PARTNERS CIP 3	735,417	F
(C) CERBERUS - PARTNERS CIP 4	2,376,039	F
(D) ARIEL FUND	1,056,912	F
(E) ARCHSTONE OFFSHORE FUND	9,736,227	F
(F) VINIK OFFSHORE FUND LTD	496	F
(G) JOHNSTON INTERNA'L EQUITY FUND	8,092,149	F
(H) STELLIAM OFFSHORE FUND	5,323,597	F
(I) LAKEWOOD CAPITAL OFFSHORE FUND	2,500,000	F

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493318034334

OMB No 1545-0047

2013

Open to Public

No

Inspection

Employer identification number

SCHEDULE F (Form 990)

Department of the Treasury

Internal Revenue Service

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990,
Part IV, line 14b, 15, or 16.

▶ Attach to Form 990. ▶ See separate instructions.

▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization AMERICAN FRIENDS OF THE ISRAEL MUSEUM

General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

- **2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 3 Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

(а) кедюп	offices in the region	employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	program service, describe specific type of service(s) in region	(f) lotal expenditures for and investments in region
(1) Middle East and North Africa			Grantmakıng	GRANTMAKING	76,490,777
(2)					
(3)					
(4)					
(5)					
3a Sub-total					76,490,777
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					76,490,777

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	1	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)		Middle East and North Africa	SUPPORT	76,490,777	WIRE TFR	62,428,07	1 WORKS OF ART	APPRAISAL
(2)								
(3)								
(4)								
			listed above that are r tee or counsel has pro					1
3 Enter total nui	mber of other	organizations or e	entities				•	

Schedule F (Form 990) 2013

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.

Part III can be	duplicated if addit	tional space is ne	eded.				
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							, , ,
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							
	•			•	•		

Part IV Foreign Forms

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes,"the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Γ	Yes	V	No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)	Г	Yes	V	No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)	Г	Yes	<u>ح</u> ا	No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)	Г	Yes	V	. No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships. (see Instructions for Form 8865)	Г	Yes	দ	. No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713).	Г	Yes	V	. No

Schedule F (Form 990) 2013

Schedule F (Form 990) 2013 Page **5**

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

990 Schedule F, Supplemental Information

Return Reference	Explanation
PART I LINE 2	THE ORGANIZATION IS A "FRIENDS OF" ORGANIZATION THAT SUPPORTS THE ISRAEL MUSEUM LOCATED IN ISRAEL THE ORGANIZATION RECEIVES DOCUMENTATION SUPPORTING THE USE OF ALL GRANTS AND CONT RIBUTIONS TO THE ISRAEL MUSEUM

DLN: 93493318034334

OMB No 154<u>5-0047</u>

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Fundraising or Gaming Activities Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Supplemental Information Regarding

Attach to Form 990 or Form 990-EZ.

Open to Public

Part I Fundraising Activi Form 990-EZ filers a 1 Indicate whether the organization Mail solicitations Form 990-EZ filers a Value organization Internet and email solicitations Value organization have a wron key employees listed in Form or key employees listed in Form or key employees listed in Form or key employees at least \$50.000 to be compensated at least \$50.000 to entity (fundraiser)	ities. Complete are not required ation raised funds t ations written or oral agree rm 990, Part VII)	to comp	lete this	part.	23-7182582 to Form 990, Part IV, eck all that apply -government grants	, line 17.
Fundraising Activity Form 990-EZ filers a 1 Indicate whether the organiza a	ities. Complete are not required ation raised funds t ations written or oral agree rm 990, Part VII)	to comp	lete this ny of the f e f	part. following activities Che Solicitation of non Solicitation of gov	co Form 990, Part IV,	, line 17.
Form 990-EZ filers a Indicate whether the organiza Mail solicitations Internet and email solicita Phone solicitations In-person solicitations	are not required ation raised funds to the sations written or oral agree rm 990, Part VII)	to comp	lete this ny of the f e f	part. following activities Che Solicitation of non Solicitation of gov	ck all that apply -government grants	, line 17.
a Mail solicitations b Internet and email solicita c Phone solicitations d In-person solicitations 2a Did the organization have a wror key employees listed in Forb b If "Yes," list the ten highest p to be compensated at least \$5 (i) Name and address of individual	ritten or oral agree rm 990, Part VII)	ment with	e f	Solicitation of non Solicitation of gov	-government grants	
a	ritten or oral agree rm 990, Part VII)	ment with	e f	Solicitation of non Solicitation of gov	-government grants	
b	rıtten or oral agree rm 990, Part VII)		f	☐ Solicitation of gov	= =	
c Phone solicitations d In-person solicitations 2a Did the organization have a wror key employees listed in For b If "Yes," list the ten highest p to be compensated at least \$5 (i) Name and address of individual	rıtten or oral agree rm 990, Part VII)		g	-		
d In-person solicitations 2a Did the organization have a wror key employees listed in Forb b If "Yes," list the ten highest p to be compensated at least \$5 (i) Name and address of individual	rm 990, Part VII)		9		=	
Did the organization have a wror key employees listed in Forb If "Yes," list the ten highest p to be compensated at least \$! (i) Name and address of individual	rm 990, Part VII)			,	,	
(i) Name and address of individual		entities (f	ın connec	tion with professional f	undraising services?	Yes C
ındıvıdual	5,000 by the organ	nızatıon				
	(ii) Activity	fundrais custo cont	Did ser have ody or rol of outions?	(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization
L.,		Yes	No			
JAMES SNYDER	JNDRAISING		No		1,000,152	
2						
3						
4						
5						
6						
7						
8						
9						
1.0						
otal			.		1,000,152	
List all states in which the org registration or licensing A, FL, NY	nanization is regist	ered or lic	censed to			<u> </u>

Sche	dule	e G (Form 990 or 990-EZ) 2013				Page 2
Pa	rt II	Fundraising Events. Commore than \$15,000 of fundrevents with gross receipts of	aising event contribut			
			(a) Event #1 NEW YORK GALA (event type)	(b) Event #2 PALM BEACH GALA (event type)	(c) O ther events 8 (total number)	(d) Total events (add col (a) through col (c))
Φ						2 677 620
Revenue	1	Gross receipts	2,303,244	671,923	702,471	3,677,638
	2	Less Contributions	1,727,433	3		1,727,433
	3	Gross income (line 1 minus line 2)	575,81	671,923	702,471	1,950,205
	4	Cash prizes				
မှာ 45	5	Noncash prizes				
Expenses	6	Rent/facility costs	80,284	16,968	112,228	209,480
	7	Food and beverages .				
Direct	8	Entertainment				
ឨ	9	Other direct expenses .	208,762	51,711	149,981	410,454
	10	Direct expense summary Add lir	nes 4 through 9 ın columr	n (d)		(619,934)
	11	Net income summary Subtract li	ne 10 from line 3, columi	n (d)		1,330,271
Par	t II	Gaming. Complete if the o \$15,000 on Form 990-EZ, li	rganization answered	"Yes" to Form 990, Pa	art IV, line 19, or repo	rted more than
Revenue		\$15,000 OH FORM 550 EZ, II	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Æ	1	Gross revenue				
	2	Cash prizes				
kpenses	3	Non-cash prizes				
ш	4	Rent/facility costs				
Direct	5	Other direct expenses				
	6	Volunteer labor	☐ Yes	☐ Yes	Г Yes% Г No	
	7	Direct expense summary Add line	s 2 through 5 in column ((d)		
	8	Net gaming income summary Sub	tract line 7 from line 1, co	olumn (d)		
9 a b	Is	ter the state(s) in which the organiz the organization licensed to operate 'No," explain	e gaming activities in eac	h of these states?		
10a b		re any of the organization's gaming	licenses revoked, suspei	nded or terminated during	j the tax year?	

_							11	
Does	s the organization operate gaming activit					Yes N	ło	
12	Is the organization a grantor, beneficia	•		•	•			
	formed to administer charitable gaming	17				· · 「Yes	. Г _{No}	
13	Indicate the percentage of gaming acti	vity operated in						
а	The organization's facility				— — —		%	
b	An outside facility				13b		%	
14	Enter the name and address of the pers	on who prepares th	ie organization's gam	ıng/specıal events	books and rec	ords		
	Name 🟲							
	Address►							
15a b	Does the organization have a contract revenue?	venue received by	the organization 🟲 \$	· · · · · · · ·		· · 「Yes	⊹ 厂 No	
c	If "Yes," enter name and address of the	e third party						
	11 1 CS, Check hame and address of the tima party							
	Name 🕨							
	Address ►							
16	Gaming manager information							
	Name 🟲							
	Gaming manager compensation 🟲 \$							
	Description of services provided							
17 a	Director/officer Mandatory distributions Is the organization required under stat retain the state gaming license?		table distributions fro		eeds to	-	Г.,	
b	Enter the amount of distributions requi	red under state law	distributed to other e			l Yes	. □No	
Pai	rt IV Supplemental Information Part III, lines 9, 9b, 10b, 15 additional information (see)	on. Provide the e b, 15c, 16, and 1	xplanations requir				'), and	
	Return Reference			Explanation				
		<u> </u>						

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493318034334

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

Compensation Information For certain Officers, Directors, Trustees, Key Employees, and Highest

Compensated Employees ► Complete if the organization answered "Yes" to Form 990, Part IV, line 23. ► Attach to Form 990. ► See separate instructions.

► Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization AMERICAN FRIENDS OF THE ISRAEL MUSEUM **Employer identification number**

23-7182582

Pai	Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax idemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all			
	directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the			
	organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	Compensation committee Written employment contract			
	☐ Independent compensation consultant ☐ Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
	,pp.otal.b, and sould be compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization			
	or a related organization			
а	Receive a severance payment or change-of-control payment?	4a		Νo
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		No
C	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Νο
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
_	compensation contingent on the revenues of			
а	The organization?	5a		No
b	Any related organization?	5b		Νο
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the net earnings of			
а	The organization?	6a		No
b	Any related organization?	6b		Νο
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed			
	payments not described in lines 5 and 6? If "Yes," describe in Part III	7		Νo
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was			_ -
	subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III			
		8		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9		
	300000 33 4330 O(c).			

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(I)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(B) Breakdown of (i) Base compensation	W-2 and/or 1099-MIS (ii) Bonus & Incentive	(iii) Other reportable	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	(F) Compensation reported as deferred in prior Form 990
	(i) (ii)	248,397	compensation 0 0	compensation 7,216	28,000	38,718	322,331	
	(i) (ii)	153,600 0	0	2,681 0	14,930	13,156	184,367 0	

Schedule J (Form 990) 2013

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information

Return Reference Explanation

Schedule J (Form 990) 2013

DLN: 93493318034334

OMB No 1545-0047

Open to Public

SCHEDULE M (Form 990)

Department of the Treasury

Internal Revenue Service

Noncash Contributions

▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. ► Attach to Form 990.

▶Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Inspection Employer identification number

Name of the organization AMERICAN FRIENDS OF THE ISRAEL MUSEUM

23-7182582

ł	Types of Property							
		(a) Check If applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line	(d Method of do noncash contrib	etermi	_	ts
1	Art—Works of art	Х	992	13,510,363	APPRAISAL			
	Art—Historical treasures			20/020/000	711 1 111 12 712			
	Art—Fractional interests							
	Books and publications							
	Clothing and household goods							
6	Cars and other vehicles							
	Boats and planes							
	Intellectual property							
	Securities—Publicly traded .	X	15	593.401	STOCKQUOTE			
	Securities—Closely held stock .			,	<u> </u>			
	Securities—Partnership, LLC,							
	or trust interests							
12	Securities—Miscellaneous							
13	Qualified conservation contribution—Historic structures							
14	Qualified conservation contribution—Other							
15	Real estate—Residential .							
16	Real estate—Commercial							
17	Real estate—O ther							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies .							
21	Taxıdermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	O ther ▶ ()							
26	Other ▶()							
27	O ther ▶()							
28	O ther ► ()							
29	Number of Forms 8283 received for which the organization comple				29			15
30a	 During the year, did the organization 	ition receiv	e by contribution any prope	erty reported in Part I, lines	1 through 28, that		Yes	No
	it must hold for at least three ye							
	for exempt purposes for the enti					30a		Νo
Ŀ	If "Yes," describe the arrangeme							
31	Does the organization have a gif	t acceptan	ce policy that requires the i	review of any non-standard	contributions?	31		No
32a	Does the organization hire or us contributions?	e third part	es or related organizations	to solicit, process, or sell r	noncash • • •	32a		No
	If "Yes," describe in Part II If the organization did not report describe in Part II	: an amount	in column (c) for a type of	property for which column (a) is checked,			

Part II

Supplemental Information. Provide the information required by Part I, lines 30b,

32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference Explanation

Schedule M (Form 990) (2013)

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DLN: 93493318034334

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

► Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at

www.irs.gov/form990.

2013

Open to Public Inspection

Name of the organization	Employer identification number
AMERICAN FRIENDS OF THE ISRAEL MUSEUM	
	23-7182582

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART VI SECTION C LINE 19	FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST
PART VI SECTION B LINE 11A	PRIOR TO THE FILING OF FORM 990, ALL FINANCIAL INFORMATION CONTAINED IN FORM 990 IS REVIEW ED BY ALL MEMBERS OF THE ORGANIZATION'S EXECUTIVE COMMITTEE. FORM 990 IS REVIEWED BY THE E XECUTIVE DIRECTOR, TREASURER AND CONTROLLER BEFORE IT IS FILED
PART VI SECTION B LINE 15b	COMPENSATION FOR THE EXECUTIVE DIRECTOR IS DETERMINED BY THE ORGANIZATION'S LEADERSHIP COM MITTEE BASED ON COMPARABILITY DATA AND INCLUDES CONTEMPORANEOUS SUBSTANTIATION OF THE DETE RMINATION
PART VI SECTION A LINE 2	ANNE FISHER - FAMILY RELATIONSHIP JEROME FISHER - FAMILY RELATIONSHIP ALICE LAINER - FAMIL Y RELATIONSHIP NAHUM LAINER - FAMILY RELATIONSHIP BARBARA LANE - FAMILY RELATIONSHIP RICHA RD LANE - FAMILY RELATIONSHIP SYLVIA OLNICK - FAMILY RELATIONSHIP LINDA MACKLOWE - FAMILY RELATIONSHIP LIZ SWIG - FAMILY RELATIONSHIP HELEN NASH - FAMILY RELATIONSHIP JOSH NASH - F AMILY RELATIONSHIP JOAN SAFIR - FAMILY RELATIONSHIP ALAN SAFIR - FAMILY RELATIONSHIP DAVID R STEINHARDT - FAMILY RELATIONSHIP JUDY STEINHARDT - FAMILY RELATIONSHIP JEROME L STERN - FAMILY RELATIONSHIP BONNIE STERN - FAMILY RELATIONSHIP ALICE TISCH - FAMILY RELATIONSHIP MERRYL TISCH - FAMILY RELATIONSHIP MEREDITH VERONA - FAMILY RELATIONSHIP
PART VI, SECTION B, LINE 12C	EACH DIRECTOR, PRINCIPAL OFFICER AND MEMBER OF A COMMITTEE ANNUALLY SIGNS A STATEMENT AFFI RMING SUCH PERSONS CONFORMITY WITH THE CONFLICTS OF INTEREST POLICY PERIODIC REVIEWS OF C ONFORMITY WITH THE CONFLICTS OF INTEREST POLICY ARE ALSO CONDUCTED